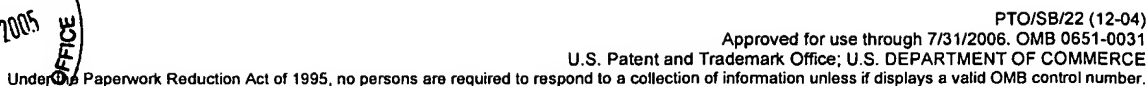


IFW



Docket Number (Optional)  
03108/0201121-US0

Application Number 10/814,778-Conf. #4940f

Filed March 30, 2004

For PROCESS FOR RECOVERY OF SULPHATE OF POTASH

Art Unit 1754

Examiner Ardith E. Hertzog

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 225.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$


- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100 . I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 51,932

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34

<div style="border-bottom: 1px solid black; margin-bottom: 5px;">  </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="text-align: center;">Signature</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="text-align: center;">Sandra S. Lee</div> </div> <div style="border-bottom: 1px solid black;"> <div style="text-align: center;">Typed or printed name</div> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="text-align: center;">October 26, 2005</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="text-align: center;">Date</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="text-align: center;">(212) 527-7735</div> </div> <div style="border-bottom: 1px solid black;"> <div style="text-align: center;">Telephone Number</div> </div>
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

01 FC:2252

225.00 OP

Express Mail Label No.

**Dated:** \_\_\_\_\_